

## SEX EDUCATION/HIV PREVENTION CURRICULUM TRAINING REQUEST FORM

**Curriculum Name:** \_\_\_\_\_

*(Please select either Making A Difference for middle school educators or Reducing the Risk for high school educators. For more information about these curricula, access the "Research-Based HIV Prevention Curricula Chart" at: <http://www.ade.az.gov/health-safety/hiv/> .*

**Print Name, position, phone number, and email address for person coordinating the training:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of District and School(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of training participants (must be between 10 to 20):** \_\_\_\_\_

**Address for training:**

\_\_\_\_\_  
\_\_\_\_\_

**\*Requested date and time for training:**

(1<sup>st</sup> choice) \_\_\_\_\_  
(2<sup>nd</sup> choice) \_\_\_\_\_  
(3<sup>rd</sup> choice) \_\_\_\_\_

*\*Trainings can be scheduled Monday through Saturday and are generally 7 hours. Please list multiple dates so that we can find a date that works for both your staff and the trainer.*

It is the school's responsibility to schedule an on-site training room and provide necessary audiovisual equipment, e.g., TV/VCR, overhead projector, whiteboard, and flipchart. Curriculum trainings are intended for educators with a basic understanding of HIV and other sexually transmitted diseases. While there are no fees for training and materials, the school administrator(s) must commit to implementing the curriculum within a year.

The educators who will be attending our on-site curriculum training have a basic understanding of HIV and other sexually transmitted diseases. Additionally, our school will implement this curriculum within the year. (Please obtain a school administrator's authorization from each participating school. If there is only one school having educators trained, then only one administrator's authorization is necessary.)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Administrator  
Name (print)

\_\_\_\_\_  
School Administrator  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Administrator  
Name (print)

\_\_\_\_\_  
School Administrator  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Administrator  
Name (print)

\_\_\_\_\_  
School Administrator  
Signature

\_\_\_\_\_  
Date

If you have questions, please contact Jason Trujillo at [jtrujil@ade.az.gov](mailto:jtrujil@ade.az.gov) or 602-542-8712. To schedule a training, please fax this form to Attn: HIV Prevention Program Administrator; Agency: Arizona Department of Education; Fax: 602-364-1938.